MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. 16 593028 APPLICANT(S) FILING DATE 9-15-04

CLAI	MS
------	----

				· ·			CLAIMS					•	•	
	AS FILED		AFTER 1"AMENDMENT		AF	TER ENDMENT		ASI	AS FILED		AFTER		AFTER 2 MAMENDMENT	
	IND. I	DEP.	IND.	DEP.	IND.	DEP.		. IND.	DEP.	IND.	DEP.	IND.	DEI	
1 2		F	!	 	<u> </u>	<u> </u>	51							
3		-	- :	 	····	<u> </u>	52		 				•	
4				 		 	53		ļ. ·				<u> </u>	
5				 		 	54		ļ				<u> </u>	
6 .	1			1-1		 	55 56		 				ļ	
7	2			1			57		 					
8	12			7			58		 	-,				
9	. 2	·	·	1			59		 					
10							60		†					
11			· · ·				61			-				
12			<u> </u>		<u> </u>		62							
14							63							
15						· · ·	64	<u> </u>						
16		-	<u>_</u>			· ·	65							
17			···				66	- 						
18.							68	-}						
19							69	- 						
20							70	 						
21							71							
22							72					• • •		
23				· ·			73							
.25							74							
26							75				·			
27	- -			···			76 77							
28							78	 -i						
29							.79	1			 			
30							80	1						
31							81							
32	<u>_</u>						82						· · · ·	
34							83							
35			 				84	1						
36							85	-						
37							86 87	1						
38							88	 			·			
39							89	1	 }	 -	 -			
40		[_					90	1			<u> </u> -			
41	<u> </u>						91					·		
42	 						92		<u> </u>					
43							93							
45				<u> </u>		<u></u>	94							
46	 			 - -			95				<u> </u> -			
47							96	 		<u></u>		- 		
48							97 98	{}			 -			
49					1		99	 			<u>-</u> -			
50							100	1						
OTAL IND.	1 1		1	+		#	TOTAL IND		1		#		#.	
DEP.	15 🖛		8	+ [•	(-)	TOTAL DEP	 	←		┢┊┞	·	(=	
OTAL AIMS	6		9				TOTAL CLAIMS							